

JC20 Rec'd PCT/PTO 06 OCT 2005

Application Data Sheet**Application Information**

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD Disks::	
Number of Copies of CDs::	
Sequence Submission?::	
Computer Readable Form (CRF)?::	
Number of copies of CRF::	
Title::	TRANSCLERAL OPHTHALMIC ILLUMINATION METHOD AND SYSTEM
Attorney Docket Number::	GIL4A
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	13
Small Entity?::	Yes
Latin Name::	
Variety Denomination Name::	
Petition Included::	No
Petition Type::	
Licensed US Govt. Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No
Applicant Information	
Applicant Authority Type::	Inventor
Primary Citizenship Country::	Israel
Status::	Full Capacity
Given Name::	Tamir

Middle Name::	
Family Name::	GIL
Name Suffix::	
City of Residence::	Kibbutz Givat Haim Meuchad
State or Province of Residence::	
Country of Residence::	Israel
Street of Mailing Address::	Kibbutz Givat Haim Meuchad
City of Mailing Address::	Kibbutz Givat Haim Meuchad
State or Province of Mailing Address::	
Country of Mailing Address::	Israel
Postal or Zip Code of Mailing Address::	38930
Applicant Authority Type::	Inventor
Primary Citizenship Country::	Israel
Status::	Full Capacity
Given Name::	Oded
Middle Name::	
Family Name::	WIGDERSON
Name Suffix::	
City of Residence::	Haifa
State or Province of Residence::	
Country of Residence::	Israel
Street of Mailing Address::	WIngate Street, 18/5
City of Mailing Address::	Haifa
State or Province of Mailing Address::	
Country of Mailing Address::	Israel
Postal or Zip Code of Mailing Address::	33533
Applicant Authority Type::	Inventor
Primary Citizenship Country::	Israel
Status::	Full Capacity
Given Name::	Amit
Middle Name::	
Family Name::	SASSON
Name Suffix::	

City of Residence:: Herzelia
 State or Province of Residence::
 Country of Residence:: Israel
 Street of Mailing Address:: Hanadiv STreet, 57
 City of Mailing Address:: Herzelia
 State or Province of Mailing Address::
 Country of Mailing Address:: Israel
 Postal or Zip Code of Mailing Address:: 46485
 Applicant Authority Type:: Inventor
 Primary Citizenship Country:: Israel
 Status:: Full Capacity
 Given Name:: Zvi

Middle Name::

Family Name:: NIZANI

Name Suffix::

City of Residence:: Nofit

State or Province of Residence::

Country of Residence:: Israel

Street of Mailing Address:: Hagalil Street, 114

City of Mailing Address:: Nofit

State or Province of Mailing Address::

Country of Mailing Address:: Israel

Postal or Zip Code of Mailing Address:: 36803

Correspondence Information

Correspondence Customer Number:: 001444

Representative Information

Representative Customer Number:: 001444

Domestic Priority Information

Application::	Continuity Type::	Parent	Parent Filing
		Application::	Date::
This Application	National Stage of	PCT/US04/010617	04-08-04
PCT/US04/010617	Appln claiming benefit of 35 USC 119(e)	60/460,821	04-08-03
PCT/US04/010617	Appln claiming benefit of 35 USC 119(e)	60/515,421	10-30-03

Foreign Priority Information

Country:: Application Number:: Filing Date:: Priority Claimed::

Assignment Information

Assignee Name:: MEDIBELL MEDICALL VISION
 TECHNOLOGIES, LTD.

Street of Mailing Address:: M.T.M.
City of Mailing Address:: Haifa
State or Province of Mailing Address::
Country of Mailing Address:: Israel
Postal or Zip Code of Mailing Address:: 31905